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Communication for Healthy Communities (CHC)

Fifth Quarter and First Annual Report

July 2013 – September 2014

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
BCC	Behavior Change Communication
C-Change	Communication for Change
CCT	Community Conversation Toolkit
CDFU	Communication for Development Foundation Uganda
CHC	Communication for Healthy Communities
CS	Capacity Strengthening
DHE	District Health Educator
DHO	District Health Officer
DHT	District Health Team
DOP	District Operational Plan
eMTCT	Elimination of Mother-to-Child Transmission
FHI 360	Family Health International
GOU	Government of Uganda
HC	Health Communication
HCT	HIV Counseling and Testing
HEPU	Health Education and Promotion Unit
IDI	Infectious Disease Institute
IP	Implementing Partner
IPC	Inter-Personal Communication
IR	Intermediate Result
KM	Knowledge Management
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Population
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Research
MOH	Ministry of Health
SBCC	Social and Behavior Change Communication
SMC	Safe Male Circumcision
SMGL	Saving Mother and Giving Life
SMS	Short Message Service
SOP	Standard Operating Procedures
STAR	Strengthening TB and HIV and AIDS Response
TA	Technical Assistance
TOR	Terms of Reference
TOT	Training of Trainers
TV	Television
UAC	Uganda AIDS Commission
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
WG	Working Group

EXECUTIVE SUMMARY

In its first year (July 2013-Sept 2014), CHC laid a foundation for implementing the five year project and intensively addressed health communication needs of GOU and USG IPs. for that purpose, CHC held consultative meetings with various GOU entities and USG IPs at national and district levels to introduce the project and build partnerships, conducted a health communication audit to understand strengths, weaknesses and opportunities in the design, implementation and evaluation of HC activities in Uganda, and developed an integrated health communication platform to help coordinate the implementation of these activities for increased impact. In summary, CHC registered the following achievements:

- Conducted desk review of existing research from MOH and USG IPs and facilitated qualitative rapid assessments with key target audiences including; pregnant women, commercial sex workers, male and female fisher folks, long distance trucker drivers, MSM, PLHIVs, health workers and community champions such as linkage facilitators and VHTs.
- Provided on-going technical assistance and addressed health communication needs of over 30 USG IPs in the areas of; eMTCT, condom promotion, SMC, Prepex promotion, FP, malaria, TB, maternal and child health, among others (see Appendix A - Table 1)
- Supported MOH, USG IPs and other stakeholders in Karamoja, Central and West Nile regions to create demand for eMTCT services through mass media, inter personal communication (IPC) and community mobilization activities.
- Reviewed, standardized and produced seed copies of various health communication materials in the areas of HCT, SMC, eMTCT, Malaria, TB, MCH and FP.
- Developed a capacity assessment concept and introduced the capacity assessment tools and approach to MOH, BCC WG, 60 USG IPs and 100 DHEs.
- Developed Terms of References and supported MOH to revitalize the BCC WG and the Research, monitoring and Evaluation, and Knowledge Management task forces. These WGs will be crucial in coordinating the implementation, monitoring and evaluation of health communication programs in Uganda.

The following report gives details on major accomplishments for the fifth quarter (July – September 2014) and Project Year 1 (2013/2014) and is structured by intermediate result area (IR1, IR2 and IR3) as described below.

- IR1: High quality health communication interventions designed and implemented
- IR2: Improved coordination of health communication interventions
- IR3: Increased research and knowledge management to enhance health communication.

SECTION ONE: PROJECT BACKGROUND

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and partners to design and implement quality health communication interventions that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis. To achieve this, the project will use innovative health communication (HC) approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

Under each intermediate result area, the report indicates an overview, accomplishments, challenges and recommendations and priorities for Year 2.

SECTION TWO: PROJECT ACCOMPLISHMENTS

Intermediate Result 1 (IR1): High Quality Health Communication Interventions Designed And Implemented

Activities in this result area are designed to strengthen capacity within the GOU, USAID IPs and other Ugandan organizations to design, implement and evaluate health communication programs that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis.

Specific accomplishments are given below:

1.0. a) Rapid start-up and building partnerships with key GOU and USG stakeholders

In the first year of the project, CHC submitted a five quarter workplan and budget which were approved by USAID. In order to operationalize the regional offices, CHC recruited 42 project staff, including 18 in Kampala and 24 in the regions. To improve collaboration with USG IPs where possible, CHC co-located its regional offices with some USG IPs: in Gulu (NUHITES), Mbale (STAR-E), Fort Portal (SUNRISE), and Mbarara (SPRING). In two regions, Arua, Karamoja, CHC operates out of rented offices, while the central region office is housed in the CHC Kampala office. Each regional office was fully equipped with computers, printers, desks, chairs and phones, motor vehicles, computers, printers, photocopiers for office operations.

To commence partnership with UHMG, CHC executed a Year 1 sub grant with UHMG in November 2013. To initiate project rollout, CHC organised several stakeholder meetings with key GOU entities and USG IPs to introduce the project and build relationships.

1.0. b) Technical assistance to improve the quality and depth of on-going HC interventions

In the first year, CHC in partnership with UHMG provided technical assistance to MOH, USG IPs and other partners to scale-up and increase the reach of multiple on-going national health communication interventions to increase demand and utilization of health services.

This tailored technical assistance CHC provided is detailed below:

Elimination of Mother To Child Transmission of HIV (eMTCT)

Starting July 2013, CHC supported the Ministry of Health and USG IPs (Baylor, URC-Sustain, IDI, STAR-EC, STAR-E, STAR-SW, NUHITES, PREFA among others) to create demand for eMTCT services countrywide by promoting the following services for all pregnant women and their partners: ANC, HCT, PMTCT (Option B+), and delivery under skilled care at nearby health centers. This was done through the following activities:-

- Developed and/or adapted relevant health communication materials including posters, bill boards, flipcharts, radio and TV spots, talking points/guides for presenters and DJs, radio talk show outlines for MOH and USG IP guests, among others.
- Oriented community mobilizers and campaign champions who include; local leaders, religious leaders, VHTs, health workers and journalists on eMTCT and encouraging them to refer people to services. By September 30, 2014, a total of 900 health workers, 1,850 VHTs, 400 religious leaders as well as 750 local leaders were oriented and provided with relevant community mobilization materials.
- Conducted mass media rollout of the eMTCT campaign on 50 radio stations countrywide. This included; facilitating 20,000 DJ mentions and radio spots and 50 radio talk shows.

Following CHC's contribution, the above partners documented an increase in the number of pregnant women attending ANC and delivering at the health center as a result of referrals from the above campaign activities. For example, the Baylor program in West Nile directly linked the following results to the above demand generation activities within the first three months of interventions (March-April 2014):

- The proportion of pregnant women attending 1st Antenatal visit rose from 8,644 to 9,361.
- The proportion of pregnant women counseled and tested rose from 8,754 to 9,427 at the end of April 2014
- An increase in male partner testing to 49% from 42% recorded in March 2014.
- The proportion of women delivering in the health facility increased from 5,648 per month to 6,423 in March and 6,007 in April 2014

Source: *Baylor Uganda Quarterly Report (April-June 2014)*

Condom promotion – If it's not on - it's not safe

Starting July 2013, CHC worked with the Ministry of Health, UNFPA, UHMG, NUHITES, STAR-SW, STAR-EC, STAR-E and other USG IPs to scale-up the reach of the "If it's not on - it's not safe" condom promotion campaign. This was done through:

- Broadcast existing condom promotion messages and late night DJ mentions on 30 radio stations, three national TV stations and 200 community video dens/halls during the seasons of; Christmas and New Year Season (November 2013 – January 2014), Valentines Day Season (February 10 – March 10, 2014) and World Cup Season (June 01-July 30, 2014). In all a total of 7,800 late night DJ mentions and spots were broadcast.
- Designed SMS messages on condom use which were broadcast to classified groups from D'MARK SMS service provider's data base. These categories included University students who enrolled from 2010 to date, party goers, young corporates aged 18-28 years, "love-tip" subscribers and Senga subscribers. A total of 400,000 subscribers were reached with condom use messages under the same campaign "If it's not on- it's not Safe" between January and March 2014.
- Developed two new condom promotion messages which were shared with USG IPs for continued use and broadcasting.

Safe Male Circumcision (SMC) and Prepex Promotion

Between October 2013 and September 2014, CHC provided technical assistance on SMC promotion and demand generation activities to MOH, RHSP, Baylor, MUWRP, World Vision/spear Project, STAR-EC, STAR-E, STAR-SW and NUHITES. CHC activities included:

- Revised existing health communication materials and messages on SMC and disseminated to USG IPs for use in creating demand and counseling clients. These included; radio spots, talking points for radio presenters and local leaders; client education brochures and counseling flip chart.
- Conducted regional orientation of over 400 key media gate keepers from Eastern, Northern, South Western, and Western including; station managers, editors, talk show hosts and DJs on the role of SMC in HIV prevention. The purpose of this activity was to engage the media as a key influencer of men and encourage them to promote SMC as a desirable and fashionable by every man. As a result, 50 media houses covered SMC in their news coverage and 5 donated air time in form of talk shows to discuss SMC issues.



3 journalists circumcised after media dialogue

In the South Western Region (Mbarara), the media dialogue took place on Thursday 18 September 2014. As a result, three journalists took immediate action; they sought safe male circumcision the next day. In an email to the RTO on 2 October 2014, Dr. Barbara Nanteza of Ministry of Health wrote: "Dear Moses.... It was really great working with you. I really enjoyed the session and interaction with journalists. I was very happy with the DHO of Bushenyi in particular. The media responded well, I circumcised 3 of them on Friday at Kabwobe. I hope they go on to become good ambassadors of SMC"

*Dr. Barbara Marjorie Nanteza, National SMC Coordinator,
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LEFT: Ms. Ms. Adella Mbabazi, a radio presenter with Radio West in Mbarara, SW Uganda, produced a news feature on the benefits of SMC and invited a Doctor from MJAP who responded to audience's questions and feedback on the subject.

RIGHT: A short story of three journalists who got circumcised immediately after the SMC media orientation session in South Western Uganda.

- Worked with the MOH BCC WG to setup a sub-committee to provide communication related technical assistance in reviewing and adapting PREPEX communication materials developed by the SMC national task force, and to support all communication activities for the national rollout of the PREPEX device. These materials include; PrepeX client leaflets, counseling flipcharts and media relations plan.

Malaria LLIN use, care and repair

Since August 2014, CHC supported the NMCP, SMP and MC to rollout a national conversation on malaria prevention using LLINs. The campaign was set to coincide with the end of the nationwide net distribution campaign by MOH and partners in Wakiso and Kampala, and to remind the public to use, care for and repair the mosquito nets they have received. In summary CHC:-

- Broadcast 50,000 radio DJ mentions and spots on 57 radio stations and in 17 languages.
- Produced and placed 10,000 sticker-posters in 17 languages, 48 bill boards to amplify the radio conversation and take it into print which audiences can visualize to help association and recall of the radio conversations.
- Supported the coverage and promotion of the Kampala-Wakiso LLIN mosquito net distribution exercise on 21 media houses that came to cover the event.

Effective Communication is Essential to Achieve the Full Impact of Universal Coverage of Mosquito Nets Campaign in Uganda

KAMPALA – On Saturday August 16, 2014, the Ministry of Health marked the end of the Long Lasting Insecticide Treated Nets (LLINs) Universal Coverage campaign in Kampala, aimed at significantly reducing the number of malaria infections. The President of Uganda, Yoweri Museveni, the vice president - President's Malaria Initiative (PMI), the US Ambassador and other development partners in Uganda attended the close-out event at St Martin primary school in Mulago, Kampala.

Malaria kills an estimated 80,000 people every year in Uganda, the majority of them pregnant women and children under the age of five. In addition to the loss of lives, a single episode of severe malaria costs families up to USD 75, translating to a USD 100 million loss in Uganda's GDP per year.



Residents of Mulago in Kampala wait to receive insecticide-treated nets on Saturday August 16, 2014

Delegates congratulated Uganda on achieving universal coverage of bed nets. The vice president PMI said, "No one organization can do this all by themselves," adding that Uganda has made achievements far above other countries. He urged the government and partners to work with communities to ensure that the nets received are used correctly.

The vice-president's message was echoed by all the development partners and reiterated by the president, who said government would take legal measures against people that misuse nets.

Development partners, however, emphasized that the campaign must be followed by effective health communication for its impact to be fully realized. To ensure maximum communication coverage of the campaign, USAID's Communication for Healthy Communities (CHC) project broadcast messages about proper net use in both English and *Luganda*, and supported DJ mentions on 10 radio stations in Kampala, aired TV spots on three stations, and erected 10 billboards in strategic locations around Kampala.



Joy Bumba of Mulago, Kampala, hangs up one of the nets she received in her single-

Success story on Uganda finalizing the nationwide mosquito net distribution in Wakiso and Kampala and the importance of communication in promoting continued use of nets

N.B: For more information on technical assistance provided to partners, please see appendix A – Table 1.

1.1. An audit of current health communication activities

In order to understand the health communication landscape in Uganda and develop plans for strengthening health communication, CHC, conducted a comprehensive audit of health communication interventions, materials, partners, policies and strategies, and media channels. Specific tasks under the audit included:

- *Compiled audit tools:* Identified and compiled existing tools for specific components of the HC audit e.g. capacity assessment tools and check-lists from the C-Change communication planning process (C-PLANNING), available HC maps, materials and strategies from HCP and MOH, existing knowledge management and health communication dissemination networks.
- *Met stakeholders:* Held meetings with all USG implementing partners on Tuesday, December 17, 2013 and conducted a quick analysis of their immediate and long term health communication needs. CHC regional officers interacted with members of the DHTs and USG IPs in all regions and collected data on existing HC materials, tools and job aides; mapped HC partners, champions, VHTs, and hotspots. Additionally, CHC participated in a several partnership and networking meetings on MARPS programming specifically for fisher folk, female sex workers, and truckers, and other national fora for example on maternal health and nutrition.
- *Media review:* Conducted a media review and analysis of current and previous health communication campaigns in mass media as well as audience reception to those messages. The study also included an assessment of SMS utilization to link demand and supply and use of social media in health communication by MOH and implementing partners.
- *Data review and analysis:* Held participatory data synthesis and interpretation workshop with MOH to enhance collaboration and buy-in of MOH in the on-going health communication audit process and shared a power point version of the HC audit report with the BCC WG, USAID, and USG IPs.

1.2. Develop an integrated national HC strategy, overarching campaign and operational plan

Based on the HC audit, rapid assessments, desk reviews, and *action media*¹ sessions with various campaign audiences in year one, CHC worked with the BCC WG, USG IPs and DHTs to develop the OBULAMU integrated HC platform/strategy. The platform (*shown by the illustration below*), helps to operationalize existing MOH and USG IP strategies and policies in the six program areas of; HIV/AIDS, malaria, FP, MCH, nutrition and TB. It features a Life Stage approach that provides a simple, easy-to-understand framework for integrating communication across the priority health areas. It also combines multiple, reinforcing community-level IPC and national mass/new media

¹ Action Media is a research-based method that engages members of intended audiences through active participation in a series of workshops that explore communication needs, perspectives on communication products, and concepts that speak to their experiences and social, cultural and economic environments.

channels with the aim to create demand for services and improve health seeking behaviors in these health areas.





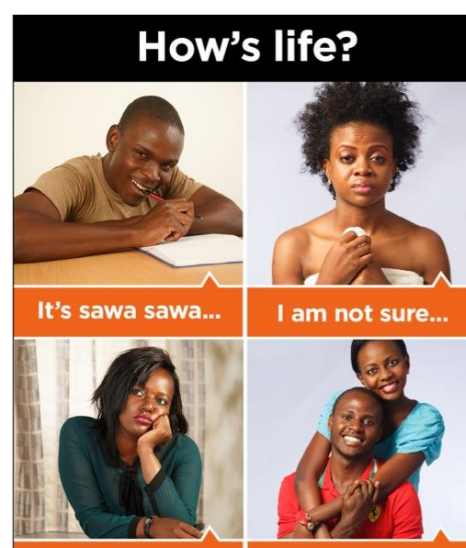
Lovers/young adults 	Pregnant Couple 	Care Takers of USs 	Adolescents 
<ol style="list-style-type: none"> 1. Use condoms 2. Practice mutual fidelity – reduce sexual partners 3. Test for HIV and receive results 4. Men: Get SMC /women: Support SMC 5. Prevent unplanned pregnancies by using a contraceptive method of your choice. 6. Maintain discordant status through adherence to positive prevention and treatment 7. Go for TB screening and testing if your cough lasts 2 or more weeks. 8. Seek correct information on your sexual health and reproduction plans. 	<ol style="list-style-type: none"> 1. Recognize dangers signs of pregnancy 2. Make a birth preparedness plan (Attend ANC, save for birth items and transport) and talk to your partner about it 3. Begin ANC early and attend 4 times; 4. When there, demand IPTp 1-2; Test for HIV and & enroll into eMTCT if positive, receive malaria net and sleep under it) 5. Learn about the recommended newborn care practices e.g. Skin-to-skin contact, and early initiation of breast feeding. 6. Deliver at a health facility 7. Adherence to treatment and breastfeeding guidelines 8. Seek information on post-partum care which includes FP and Health Timing and Spacing of children. 9. Practice good nutrition for pregnancy and inform about breastfeeding (e.g. initiation within one hour) 	<ol style="list-style-type: none"> 1. Put baby to the breast within one hour after child birth (EIB). 2. Give your baby ONLY breast milk during the first six months (exclusive breastfeeding). 3. Feed the child 6-24 months a mixed diet in small portions and often (WHO Infant and Young Child Feeding Practices) 4. Breastfeeding women , feed on a mixed diet and try eating enough and well 5. Ensure that all children under 5 years sleep under a treated mosquito net 6. Recognize signs of childhood diseases (diarrhea, pneumonia) and seek advice or treatment. 7. Give ORS and Zinc for child with diarrhea. 8. Go to the health center and follow the full course of immunization for child. 9. Wash hands with soap and water before serving food, after using a toilet and after changing diapers. 10. Space the next pregnancy at least 24 months to ensure about three years between births 11. Treatment adherence for M&C 	<ol style="list-style-type: none"> 1. Seek correct information on how your body grows, and about your new fertility 2. Learn how to make good decisions and negotiate what you want to happen to you and your body (Life skills) 3. Learn how to prevent unwanted pregnancy and HIV and other STIs 4. Its harmful to have sex too early and to have children too early 5. Use a condom if sexually active. 6. Test for HIV and get the results. 7. Stay on treatment if positive 8. Boys: Get circumcised to help protect yourself from HIV 9. If your have a cough that lasts 2 or more weeks, go for TB screening and testing

Figure showing key health actions per life stage in the OBULAMU integrated health communication platform. CHC is currently using these actions to develop messages and tools for various audiences and providers.

The channel mix includes interactive feedback mechanisms with audiences and linkages to other on-going campaigns and special events, such as World AIDS Day, Safe Motherhood Day, among others.

The Life Stage approach focuses on audiences rather than the disease. The Life Stages and the key actions in the platform are illustrated in the diagram above:

Following the buy in of the integrated health communication platform by MOH and USG IPs, CHC developed creative briefs for the various elements of the integrated HC platform and recruited creative and advertising agencies(MAAD, FIDELI and Mango Tree) to develop various materials and tools for the integrated campaign focusing on the first Life Stage (young adults in relationships/lovers). CHC also pre-tested various concepts of the platform and came up with OBULAMU? (How's Life) as a vehicle and recognizable brand name to carry all health actions the integrated platform.



OBULAMU? (How's Life?) Brand name and sample execution of the teaser concept that CHC used to introduce the campaign and invite audience participation in September 2014

The OBULAMU Teaser Campaign

- **Period:** One month teaser campaign (September 15 - October 15, 2014)
- **Purpose:** To unveil the OBULAMU platform brand, create anticipation and invite audiences to participate in the campaign through radio call-in, SMS and social media.
- **Strategy:** Radio was the lead medium supported by outdoor/print media. Print media used to enhance recall by amplifying and visualizing the radio conversation.
- **Coverage:** 57 radio stations countrywide, 50 billboards and 300 Taxi-stickers.

1.3. Identify and enlist campaign champions at the community level to link supply- and demand-side communication

In year 1, CHC adopted the existing USG IP model for working with champions and managed to screen 5,000 community champions for their availability and capacity to work as OBULAMU Champions. CHC screened mainly volunteers currently working with USG IPs across the country and started the process of developing job aides and materials that will be used to engage with audiences for Life Stages 1, 2, and 3 of the above OBULAMU Campaign. Campaign champions enlisted include; health workers (providers), family support groups, expert clients, linkage facilitators, VHTs, journalists, religious leaders, community leaders, teachers, peer leaders, among others.

CHC also started the process of adopting C-Change's Community Conversation Toolkit (CCT) that will be used as a resource kit for campaign champions. The toolkit provides a set of tools such as; the community conversation guide, basic skills in IPC, values clarification sheet, integrated referral and supervision checklist as well as relevant job aides on different health areas.

1.4. Support campaign roll-out and scale-up at national, district, and community levels

In year 1, CHC generated consensus with GOU, USG IPs and other stakeholders on the above OBULAMU integrated health communication platform and how it will be rolled-out from the national level to regional and community levels with adequate involvement of stakeholders.

The rollout plan, which will be executed in year two, included working with GOU, USG IPs and other stakeholders to conduct phased implementation of life stages 1-4 through mass media, inter personal and community mobilization activities with special focus on areas where GOU and USG IPs are experiencing low uptake of services. It also includes conducting targeted “OBULAMU Community Shows” and activities linked to service delivery at selected USG IP health centres and outreaches to create demand. Activations will include a variety of games and entertainment education activities as well as experiential competitions around specific health actions. Please see box below with detailed channels for rolling-out the OBULAMU campaign.

OBULAMU Campaign Channels

According to the OBULAMU integrated health communication strategy/platform, CHC will utilize a channel mix that vary in relation to the target audience and life stage and will seek to create a 360 “surround” experience that combines community-level IPC with community, mass and new media

Interpersonal Communication (IPC)

- Existing structures of campaign champions who include: religious leaders, local leaders, cultural leaders, health workers, peer leaders and VHTs.
- OBULAMU Community shows around health centres, outreaches, landing sites, bars, trading centres and other places where people gather.
- Facilitated community dialogues at community events, places of worship, water sources, markets, community events
- Peer-to-peer interactions for KPs
- Interactions with Campaign Champions during service provision at 4-6 tent models conducted by USG IPs
- VHT home visits, follow-up, referrals and other activities conducted by champions

National, regional and community radio

- Radio programming, including skits, mentions, ads, call-in shows and where possible, taped community dialogues
- Live broadcasts of OBULAMU Community Shows by partnering community radio stations

Outdoor Media

- Bill boards
- Road stars
- Buses and taxi placements
- Placements on bore holes/water collection points, market stalls, churches, saloons, video halls e.t.c.

Television (TV)/Video

- TV spots, skits and talk shows
- Trigger videos

1.5. Address the needs of MARPs through targeted inclusive HC with integrated campaign

In order to address the unique needs of KPs in health communication, CHC in year one held consultative meetings and a series of materials development sessions using the highly participatory method called *Action Media*² with different KPs groups such as; fisher folks, commercial sex workers, MSM, long distance truckers and uniformed forces. CHC also mapped out different locations and activities of KPs and organizations working with them. Based on *Action Media*, desk review and the HC Audit, CHC identified stigma and protection as key issues for KPs and learnt that issues of confidentiality and specialized counselling ought to be incorporated in HC interventions for the unique groups of MARPs.

CHC is currently using findings from the above Action Media sessions and desk review to develop/adapt targeted health communication materials for various KPs. CHC is also working with MSM groups SHARRY and Spectrum to adapt materials from CDC which include; (i) conversation starters on condom use, SMC, HCT and ART; (ii) brochures, (iii) sticker-posters and other tools to support inter-personal communication interactions among KPs.

Talk
can be the perfect foreplay.

Conversation Starter #1:
"Before we take things to the next level, I think we should get tested for HIV. No matter the results, at least we'll know how to keep each other safe and healthy."

Conversation Starter #2:
"If we're going to have sex, we should use condoms."

Conversation Starter #3:
"I really like you, and like where this is going, but before we go any further, there's something I want to tell you. I'm HIV-positive."

Conversation Starter #4:
"I got tested for HIV and other stuff the first time about a year ago, have you ever been tested?"

Conversation Starter #5:
"Can we talk about sex? Safer sex is really important to me."

Conversation Starter #6:
"You should know that for anal sex, condoms are non-negotiable for me. Are you ok with that?"

Conversation Starter #7:
"So we haven't really talked about it, but can we agree that when the time comes, we'll use condoms to keep each other safe?"

DEPARTMENT OF HEALTH & HUMAN SERVICES
CDC
ACT against AIDS

Sample materials for MSM on condom use, HCT, disclosure and ART from CDC that CHC is currently adapting for SHARRY and Spectrum groups

SOURCE: <http://www.cdc.gov/actagainstaids/campaigns/startalking/index.html>

² Action Media is a research-based method that engages members of intended audiences through active participation in a series of workshops that explore communication needs, perspectives on communication products, and concepts that speak to their experiences and social, cultural and economic environments.

1.6. Develop and implement an HC capacity strengthening program for GOU entities, IPs and creative agencies

In year one, CHC developed a capacity assessment concept, held consultative meetings with MOH, BCC WG, 60 USG IPs and 100 DHEs and introduced the capacity assessment tools and approach and identified a number of capacity strengthening needs for USG IPs, health workers, community champions and DHEs (indicated below).

Type of partners	Preliminary CS areas based on year 1 interactions
USG IPs	<ul style="list-style-type: none"> ○ Developing a communication strategy ○ Developing Creative briefs ○ SBCC and materials development ○ Conducting concept testing with key audiences ○ Conducting technical reviews of messages and materials developed ○ Pretesting materials ○ Developing M&E plans for SBCC programs ○ Documenting and disseminating results, lessons learnt, and best practices, Including success stories ○ Analyzing and sharing M&E data with implementers of SBCC programs ○ Data capturing and interpretation ○ Using data to re-plan and improve current SBCC programs
Health Workers	<ul style="list-style-type: none"> ○ Interpersonal communication skills ○ Interpreting and sharing technical areas into day to day language ○ Updated information in different thematic areas e.g. eMTCT
Community Volunteers/VHTs	<ul style="list-style-type: none"> ○ Interpersonal communication skills ○ Documentation of success stories/notes ○ Enhancing community interventions e.g. dialogues
DHEs	<ul style="list-style-type: none"> ○ Developing a communication strategy ○ SBCC and materials development ○ Monitoring communication programs ○ Interpersonal communication enhancement ○ Interpreting data into messages/audience information ○ Documenting and disseminating results, lessons learnt, and best practices, Including success stories

CHC facilitated 07 CHC regional staff, various IP staff from various organizations including; PACE, TASO, UHMG, SMP, CDFU, UAC and MOH to attend the re-known Johns Hopkins SBCC course; “Leadership in Strategic Health Communication” that was hosted by AFRICOMNET in Kampala between June 23-July 04, 2014.

In year two, CHC will prioritize the needs of USG IPs, health workers and districts, and finalize the capacity strengthening plan that was initiated in year 1. CHC will to effectively group these needs and CS recipients for a pragmatic role out of CS interventions.

Intermediate Result 2: Improved Coordination Of Health Communication Interventions

Activities under IR 2 are designed to increase coordination and collaboration in the process of designing, implementing and evaluating health communication interventions to ensure quality and harmonized interventions. A key starting point is to strengthen the MOH BCC Working Group and other thematic task forces by providing enhanced working tools (SOPs), technical, and logistical support to regularly meet, review and standardize HC materials. Key accomplishments under this result are given here below.

2.1 Support the MOH to expand and strengthen the National BCC working Group as a sustainable HC coordination forum

In Year 1, CHC assessed functionality and effectiveness of the MOH BCC WG and noted the absence of critical TORs and SOPs needed for the WG to enhance its coordination function. As a result, CHC supported MOH Health Promotion and Education Division (HEPD) to develop BCC WG TORs which were presented and adopted by the MOH Senior Management and the Permanent Secretary. CHC also worked with the HEPD to streamline membership of the BCC WG and to form specialized sub-committees/task forces to deliver on certain specialized tasks. These include; the Monitoring and Evaluation Research/ Knowledge Management (MER/KM); the SMC/PrePex Promotion, eMTCT, SMGL and adherence communication TWGs. According to the TORs, the revitalized BCC WG plays the following functions;-

- Coordination of BCC partners through sharing of work plans and upcoming HC activities to avoid fragmentation and duplication of efforts
- Promotes networking and sharing of best practices and learning agenda among partners
- Review of HC materials to ensure that messages are standardized and appropriate for the target audience.
- Provides technical assistance to partners on HC implementation, monitoring and evaluation in relation

The WG is composed of 15 members including: MOH (HEPD), CHC, NUHITES, PACE, SMP, Baylor Uganda, UHMG, Marie Stopes Uganda, UAC, WHO, UNICEF, CDFU and other communication experts. The WG meets once every quarter with specialized TWGs meeting monthly to execute specific mandates. The WG can also meet on a monthly basis depending on the number of tasks that need to be reviewed or executed. By the end of year 1, the WG and TWGs were fully functional and played a key role in the review and finalization of the OBULAMU integrated health communication platform.

2.2 Strengthen district capacity in coordination in implementation districts

In Year 1, CHC through its regional offices held discussions with leaders of all the 112 Uganda districts and introduced the project. Regional staff participated in district meetings including DHT, DHMT, and DOP, in which they introduced the concept of the integrated

health communication platform. The teams also mapped health communication and knowledge management networks in various districts and regions and noted that some districts have well established HC coordination platforms such as quarterly meetings coordinated by the DHE, Google Groups, regional/district based language boards, among others.

Regional staff identified the DHE as the most suitable person to coordinate health communication activities in the district. CHC is currently working with regional and district based USG IPs to build the capacity of the DHE, equip them with tools to coordinate health communication activities in the district.

Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication

The purpose of IR3 is to establish a robust learning agenda that includes: 1) rigorous outcome evaluation to measure the effectiveness of interventions implemented at scale for social norm and behavior change; 2) implementation science to identify and overcome key implementation errors and barriers to translating evidence-based findings into common practice; and 3) a knowledge management strategy to disseminate and maximize the learning and application of scientific evidence to benefit program implementers and effective HC design, as well as the health of Ugandans as a whole. Key accomplishments in this result area include:-

3.1. Establish and convene an M&E Research Task Force

In Year 1, Q3 CHC facilitated the formation of the M&E/Knowledge Management (M&E/KM) task force as a sub-set of the BCC WG, at the March 28, 2014 WG meeting at the Ministry of Health. CHC worked with the task force at the first meeting in Q4 to finalize its Terms of Reference (TORs), which were subsequently forwarded to the BCC WG for endorsement to facilitate the task force formally commence operations. See achievements in activity 2.1 above.

3.2. Implementation of PMP

PMP development: CHC submitted the draft PMP to USAID early Q2 and while waiting for USAID review, proceeded to orient staff on indicator domains and overall program links with IR3. The draft PMP has undergone two revisions following USAID feedback in Q4 and Q5 towards customizing strategic objective indicators to CHC program. Completion of the PMP is awaiting a final review meeting with the USAID Strategic Information Advisor to confirm indicators that best reflect the contribution of CHC to increased comprehensive knowledge, shifting gender and social norms, and linking demand and service uptake.

Quarterly reporting: Pending approval of the PMP, CHC continued to track activities in the three intermediate result areas through bi-weekly activity highlights used to update the AOR, and quarterly reports submitted to USAID. Once the PMP is approved CHC will back track activities from the quarterly reports and bi-weekly highlights submitted to USAID in Year 1 and enter these into the PRS.

3.3. Design and implement customized research methodologies

Process evaluation and protocols developed: In year 1, CHC developed protocols to guide the project's process and outcome evaluation. This included development of strategic research and evaluation questions and development of the evaluation research protocol. CHC progressively developed the evaluation protocol alongside consultative review of the PMP with USAID and the development of the integrated HC intervention. The evaluation protocol was shared with the Ministry of Health's - Health Promotion and Education Division as part of incorporating partners in the research and learning agenda. CHC also finalized evaluation data collection tools following refinement of the integrated HC strategy with which the evaluation must align for effective measurement of interventions that contribute to health service uptake and improvements in health indicators.

Desk review and participatory formative research: In Year 1 CHC conducted desk review and formative participatory research as part of a pool of resources to define the contexts of existing HC, health behavioral determinants, and implications for SBCC. These insights whose preliminary reports have been shared with USAID and partners informed processes of development of the integrated HC strategy.

Audit of health communication activities: CHC conducted an audit of health communication activities to 1) to identify existing GOU and partner HC priorities across different thematic areas, and 2) to establish what has worked, understand current barriers, and make recommendations for SBCC. The findings informed adaptation/updating and reprinting of selected materials and job aids as part of CHC support to on-going HC campaigns through mass media and inter-personal communication and were shared with MOH and USG IPs during a data analysis and interpretation workshop. See details on page 9.

Desk Review: In Q2-Q5 - as part of the pool of resources directly informing development of CHC's integrated HC strategy and the CHC PMP – CHC conducted a review of published materials including but not limited to 1) National surveillance reports [UDHS, 2011, UAIS 2011, UMIS 2009], 2) LQAS 2013 report, 3) USAID 2014 Behavior Change Enabler template for accelerating the impact of behavior change in USAID-supported MCH programs 4) Roll Back Malaria 2014 Malaria BCC Indicator Reference Guide, 5) Communication for Change (C-Change) 2012 reports of studies on Positive Health, Dignity and Prevention (PHDP) in Ethiopia, Uganda, and Southern Africa, 6) Reproductive Health Uganda reports on FP, 7) IOM Uganda's 2014 KAP study among fisher folk, and 8) SMC publications generated from research in Uganda and Kenya, among others.

Participatory formative Research: In Q3-Q5 CHC conducted rapid qualitative case studies and Action Media³ research in selected districts and priority groups as follows:

Qualitative case studies

The objectives were 1) to document barriers among men and women of reproductive age (*focus group discussions used*), and 2) to explore characteristics, decision-making

³ Action media methodology is rooted in participatory action research (PAR) and incorporates qualitative contextual research with HC media development process. It facilitates integration of audience perspectives through deep reflection around issues that affect their lives through key elements namely i) Identification of significant health challenges, ii) Identification of sufficiently homogeneous groups within defined geographic areas, iii) Collaboration with individuals within each context to co-facilitate workshops, and iv) Recruitment of a core group of 15-20 participants for a series of four 3-hour workshops that incorporate highly participatory educative focused group sessions.

factors, and processes among men and women who are identified as adopters of the various recommended health behaviors and/or services (*in-depth interviews used*).

The study districts and populations included:

- Sironko district – Malaria/MCH (LLIN use, IPTp, case management, antenatal attendance, HCT/eMTCT, health facility delivery, breastfeeding). Interviews with men and women 18-35 years of age, and caregivers of children under five.
- Busia district – HCT/condom use with focus on key populations including female sex workers, truckers, and female and male fisher folk
- Luwero district – Family Planning (FP). Interviews with men and women 18-35 years of age.

The activity identified contextual underlying determinants of health behaviors and/or service uptake and informed health communication programming in the following ways:-

- Provided evidence-base to the Creative Briefs design workshops for the development of the CHC-led integrated HC strategy
- Generated question domains to guide Action Media workshops with priority populations including fisher folk, pregnant women (for HCT in pregnancy and eMTCT), female sex workers, adult men (for SMC), and men who have sex with men.
- Guided rapid case study assessments in MCH, Malaria, HIV (HCT and condom use), and FP in three selected districts⁴, and 3)

Having money poses high risk for truckers and male fisher folk: increases ability to negotiate unprotected sex which comes at a higher fee than when uses a condom.

Female fisher folk (often married) are unable to negotiate safe sex because social norms do not encourage condom use among married partners.

Male fisher folk reluctant to know their HIV status apparently because research and program reports indicate fish landing beach communities are nearly all HIV positive. Confirming an HIV positive status worry one and lead to earlier death than when they don't know their status.

Female sex workers often demand condom use with clients, but may succumb to the allure of extra money when in difficult financial situation.

Statutory HIV testing for pregnant women appears to be a new barrier for ANC attendance. A positive HIV result comes with realities of the burden of partner disclosure.

Action Media research

In recognition of the inbuilt strength of *Action Media* approach to incorporate qualitative contextual research with a media development process, CHC adopted this method into routine program M&E and customized research activities as a rapid assessment tool for customized research on barriers to uptake of health products/services.

In Q4-Q5 CHC conducted five Action Media workshops as part of routine formative research and as part of direct technical assistance to selected USG IPs with the following objectives:

- To identify barriers/motivations of recommended behaviors
- To explore characteristics, decision-making factors, and processes among men and women who are identified as adopters
- To generate community perspectives of appropriate messages and media channels

⁴ Selection of rapid assessment districts partly informed by review of UDHS 2011, LQAS 2013, discussion with CHC AOR, and consultations with partners such as UNFPA, MSH Kampala and Busia offices.

The following action media workshops were attained:

- Reducing HIV risk (HCT and condom use) among fisherfolk – Kasenyi, May 2014
- Reducing HIV risk (HCT and condom use) among female sex workers – Arua, May 2014
- MCH (antenatal attendance and delivery at health facility) – Mityana, May 2014
- Safe sex (condoms and peer education) among MSM – Kampala, September 2014
- Safe male circumcision (NUHITES program) – Lira, September 2014

3.4. Obtain IRB approvals

In Q5 CHC submitted the evaluation protocol and data collection instruments for internal scientific and ethics review at FHI 360. CHC plan to submit the package including protocol and question domains for the survey questionnaires for internal review by Q3 to facilitate submission for local ethics review in Q4 was delayed to ensure alignment of the specific questionnaires to the actual intervention strategy that became clearly defined in Q5. The internal scientific and ethics committee preferred to review the refined questionnaire, citing due ethical diligence when a study involves the complexity of the context that CHC works in including multiplicity of health areas and implementing partners. CHC has already identified Makerere School of Public Health as the local IRB to which the protocol is to be submitted following the recent approval from FHI 360 IRB.

3.5. Intervention costs tracking template

This tool is developed, but could not be field tested as initially planned to commence in Q4 in the absence of a finalized integrated HC strategy. The tool will be tested in Q1 of Year II now that the strategy is in place. The starting points, in addition to work that has gone towards development of the intervention, will be the OBULAMU teaser campaign that recently began.

3.6. Collaboration and research capacity strengthening with partners

Research capacity mapping: Completed as part of the audit of HC among USG IPs. In summary, the audit assessed the extent IPs incorporate six key components of effective HC planning; 1) Situational analysis, 2) Conduct of formative research, 3) Use of Theories of Change, 4) Statement of the problem based on evidence, 5) Identification of outcome indicators, and 6) Defined enabling environment for effective HC. The key highlights are summarized in the box below:

- Ad hoc use of data for HC program design and implementation
- Failure to target multiple determinants of health, particularly attitudes and social and gender norms
- IPs focus on program timelines. Use of formative research and M&E data for contextual planning and re-planning remains a challenge.
- Indicated limited capacity to design, implement, and monitor SBCC. Thus, IPs outsourced BCC support subject to budget.
- Gender issues reduced to SGBV and male involvement.

3.7. Develop knowledge products for dissemination

Identify audiences for KM: CHC identified key audiences for KM including: At the national level, MOH, implementing partners, the BCC WG, and thematic task forces. At the regional and district levels, relevant coordination platforms such as: district NGO forum, health sector working groups, and DOP coordination forum were identified.

Develop and disseminate knowledge products and tools: In Year 1 CHC determined that the knowledge to be shared will be for both collaborative interpretation as well as for learning and adaptation. These include among others, output generated as part of immediate support to on-going programs, from implementation of the OBULAMU Campaign e.g. quality assessment and improvement reports, routine M&E, participatory research, and outcome evaluation. Output including materials from activities linked to ongoing support to programs have been shared (see Table in Activity 1.0). Additionally, output linked to the design of the integrated HC strategy have so far been shared in various formats such as bi-weekly highlights to the AOR, PowerPoint presentations shared during workshops with MOH and USG IPs, research/program reports/briefs, activity snapshots, and summary inventories/matrices of research highlights and implications for SBCC, among others.

3.8. Facilitate communities of practice

These activities were to take shape in quarter five and pick momentum in Year 2. In Q5, CHC initiated the process of selecting community of practice fellows with the BCC WG and participating research institutions/universities. This process will continue in year two and includes; identification and recruitment of masters level students who meet at least two of the following criteria 1) have generated good scores in term papers and are interested in internships for their dissertation projects, 2) have developed dissertation research concepts that align with CHC strategic research questions, 3) students who have identified HC-related issues emerging from DHIS2 data, annual LQAS, CHC routine M&E reports shared in the WG/task forces among others. The final selection will be competitive, estimated to at least 1 Masters Dissertation project per year for each of the intermediate result areas. This is to facilitate adequate technical support to the student.

3.9. Support regional and national dissemination and advocacy events and monitor efforts

Activities under this area were shaped around established communities of practice (in 3.6, above) and on a demand-driven approach. However, in year two, they will now evolve with the CHC-led intervention rollout and related CHC and partner data to inform learning and adaptation. See Table 2: Summary various national and regional advocacy events with CHC contribution.

SECTION THREE: LESSONS LEARNT AND CHALLENGES

During the process of implementing the above activities in year one, CHC has learnt a number of lessons that will strengthen the design, implementation and evaluation of health communication in Uganda. These are summarized here below;-

- *Availability of various health communication strategies and resources:* during the health communication audit, CHC learnt that MOH and partners had a lot of existing up-to-date health communication strategies, policies and resources that only needed scaling-up and implementation as well as adaptation of some of the existing materials. As a result, CHC used the above strategies and policies as a basis for developing the national integrated HC platform that helps to integrate existing strategies. CHC also adapted and standardized some of the existing materials and made them available to partners for continued use.
- *Available partnerships with media houses:* Media houses such as radio, TV and newspapers have always been recognized as agents of change because of their ability to mobilize/influence the audience. However, their partnership and involvement in health promotion has been limited to media buying and advertising. During various media orientation sessions, journalists and radio station owners expressed interest in health content and the need to set-up health platforms where the public can access regular information on various health issues affecting them. Also, a number of them donated air time to promote various health programs such as SMC, eMTCT, MCH and Malaria. This free air time was worth \$24,802 which contributed a big percentage to the cost share target.
- *Linking demand and supply of health services requires good team work and coordination between communication and service delivery:* Throughout year one, CHC provided technical assistance to various USG IPs to create demand for services. In West Nile, CHC worked very well with Baylor's service delivery model to ensure that all demand generation and community mobilization activities are linked to services. Baylor program in West Nile experienced an increase in the number of pregnant women attending antenatal care as well as those who deliver under skilled care which were attributed to campaign referrals. CHC evaluation incorporates reference to IPs service data for comparison with CHC evaluation data.
- Participatory research methodologies such as *Action Media* provide vital insights from target audiences that are normally left out in health communication programming. During the year, CHC used the above methodology to get vital insights from pregnant women, SWs, fisher folks and PLHIVs. These insights are currently being used to develop health communication materials that to motivate individuals and communities to adopt various health seeking behaviours and actions.
- *Capacity gaps in SBCC:* A lot of partners including MOH, USG IPs and DHTs have capacity gaps in designing, implementing and monitoring health communication programs. As part of the health communication audit, partners identified their HC capacity gaps which will be addressed in year 2 with systematic/hands-on capacity strengthening activities.
- *Client-provider communication gaps:* Similarly, despite the credibility that audiences attach to information from health workers, health workers are not equipped with

relevant interpersonal communication skills necessary to engage clients in a shortest possible time. As a result there are missed opportunities in provider-client communication that could re-enforce existing messages on HIV prevention, care and treatment, MCH, nutrition, malaria and TB. CHC will address this gap with interpersonal training of community champions as part of the OBLUAMU campaign.

- *District coordination structures:* Most districts have active coordination structures such as DHT and DOP meetings that bring together district health officials and implementing partners. CHC will promote the health communication agenda in these meetings and ensure district ownership and coordination of activities by the DHE.
- Many insights were generated for the research and learning agenda. For example, the OBULAMU strategy and M&E of the implementation plan already address SBCC issues that emerged from the July 2014 National FP conference.

Challenges for resolution

- *HC Audit:* While the HC audit was a highly participatory processes that involved discussions and consensus critical for endorsement and dissemination of the final reports, a major challenge was the unwillingness of partners to readily provide information to CHC during the HC audit. This was however resolved through continuous discussions with IPs.
- *VHT selection:* Due to the need to work with MOH and involve IPs the process of reviewing and updating the criteria for selecting champions as well as the training manual was slow. During the VHT needs assessment and interaction with USG IPs working with VHTs, it was noted that motivation for VHTs is still a big challenge across all regions. CHC documented the fact that although many VHTs are reportedly working with IPs, their supervision, reporting, facilitation and output is not well-defined.
- *Key populations:* Due to the passing of the Anti-Homosexuality Act (2014), there was a temporary delay in engaging MSM. However in quarter four, CHC was able to meet with MSM groups and continue with health communication activities.
- *Champion training:* CHC rescheduled the training of champions to year 2 due to the longer time required to review champions materials and referral tools.
- *SBCC assessment:* Some USG IPs will be closing next year (2015) and deemed the SBCC capacity assessment inappropriate for their institutions. However, the assessment was initiated with available USG IPs and will continue in year two alongside implementation of various health communication activities.

SECTION FOUR: PRIORITIES FOR YEAR TWO

Based on the achievements and lessons learnt from year one, CHC developed its year two work plan. Some of the priority areas in the Year Two work plan include;

- Sharing visualized results of mapping and the health communication audit with the BCC WG and USG IPs to inform decision making.
- *OBULAMU Roll out*: Orientation of USG IPs, DHEs and campaign champions on the rollout and implementation of the OBULAMU integrated health communication platform.
- *Use of implementation guides*: CHC will monitor use and effectiveness of the developed implementation guides by USG IPs and Districts, and document best practices and key learnings and share lessons with BCC WG and various KM platforms at national, regional and district fora.
- *Materials production (manuals)*: Review, adapt and standardize existing job aides, materials and peer education training manuals by audience category. Some of these include; (i) peer education training manuals and materials for PLHIVs, including children/paediatric, adolescents (ALHIV) and adults; (ii) peer education training manuals and materials for couples addressing CHCT issues such as disclosure and discordance; (iii) peer education training manuals and materials for KP categories such as fisher folk, SWs, truckers, uniformed forces and MSM. Other manuals include; training manual for male action groups on male involvement in SRH, HIV/AIDS and child health.
- *Provider/Client communication*: Address existing provider-client communication gaps by reviewing and adapting the C-Change training manual – SBCC skills for health workers and related client-provider communication materials, including; counselling guides, cue-cards to be used by clients to help focus their discussion with providers, slip-in cards, maps and wall charts.
- Work with GOU, USG IPs and other stakeholders to develop, pre-test and produce HC materials for the different audience segments by life stage and will continue adapting and standardizing existing HC materials.
- *Community IPC*: Liaise with USG IPs to focus on areas where they are experiencing low uptake of services and conduct targeted “OBULAMU Community Shows” and activities linked to service delivery at selected USG IP health centres and outreaches to create demand.
- *Participatory research Methodologies*: Conduct participatory research and materials development activities with various KP groups and orient KP peer leaders and champions on the use of developed materials and tools.
- *Focus on Karamoja*: Utilize existing partnerships and community structures to adapt the OBULAMU campaign to suit the Karamoja context

- *Capacity Strengthening:* Based on the health communication capacity gaps finalize a capacity strengthening plan for GOU, USG IPs, DHEs, health workers and campaign champions at a community level. Special emphasis will be placed on data identification and its use for decision-making at health facility and district level.
- *Implement PMP:* Fast track implementation of the project PMP through backtracking activities from the quarterly reports and bi-weekly highlights submitted to USAID in Year 1 and entering them into PRS.
- *Support national BCC WG:* Provide technical support to the MOH BCC WG and thematic task forces, including; MER/KM task force to deliver on the mandate set in the TORs and SOPs, for example coordinated review of HC materials and monitoring and evaluation data.
- *Process evaluation:* To kick-start the outcome evaluation studies, CHC will commence parish level mapping to develop a household sampling frame for the evaluation protocol after securing approval from both FHI 360 and Makerere School of Public Health ethics review board.
- *Intervention costs tracking template:* CHC will adapt, field test and finalize FHI 360 intervention costs tracking tool as part of the process of rolling out of the OBULAMU integrated health communication campaign.

SECTION FIVE: FINANCIAL REPORT

Name of Institution FHI360
Activity Name Communication for Healthy Communities
AWARD No: AID-617-A-13-00003
PERIOD: The year to September 30, 2014

Financial Report

Award Budget Line Items	Budget Total - 5 year period	Current Obligated to Date in Award	Balance in the Award	Actual Cumulative Expenditure to 30 June 2014	Actual Expended, July 1, 2014 - September 30, 2014	Total Expended through to September 30, 2014	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$786,502	\$322,374	\$1,108,876	\$5,423,835	83.03%	
Fringe Benefits	\$2,729,692			\$294,957	\$98,983	\$393,939	\$2,335,753	85.57%	
Travel	\$2,014,931			\$119,945	\$82,343	\$202,288	\$1,812,643	89.96%	
Equipment	\$443,500			\$396,728	\$1,209	\$397,937	\$45,563	10.27%	
Supplies	\$75,623			\$44,862	\$121,569	\$166,430	-\$90,807	-120.08%	
Other Direct Costs	\$13,781,546			\$605,984	\$396,057	\$1,002,040	\$12,779,506	92.73%	
Sub-awards	\$14,152,764			\$523,738	\$1,404,580	\$1,928,318	\$12,224,446	86.37%	
Indirect costs	\$10,266,708			\$709,124	\$453,245	\$1,162,369	\$9,104,339	88.68%	
Cost Share	\$2,499,874			\$86,204	\$0	\$86,204	\$2,413,670	96.55%	
TOTAL	\$52,497,349	\$9,748,220	\$42,749,129.00	\$3,568,043	\$2,880,359	\$6,448,401	\$46,048,948	87.72%	34%

Annual Budget vs Actual Expenditure Analysis

	Budget	Current Expenditures	Burn rate
Award Budget Line Items	1st Year	Actual Expended through to September 30, 2014	As at September 30, 2014
Total Direct Costs	\$7,707,542	\$3,271,510	42%
Sub-awards	\$1,501,908	\$1,928,318	128%
Total Indirect Costs	\$2,894,251	\$1,162,369	40%
Cost Share	\$499,975	\$86,204	17%
TOTAL	\$12,603,676	\$6,448,401	51%

Notes: The burn rate has been at 51%, because year 1 activities mainly involved design and preparation for the national integrated HC campaign. We have now moved into the implementation phase which involves significant resources going into media buying, and the burn rate will rise significantly.

Appendix A: Table 1 - Key Areas and Technical Assistance to USG IPs

No.	Health Area	Partners	Technical assistance provided to partners:	Products
1	Demand creation for Option B+ (eMTCT) -	MOH, Baylor, URC/Sustain, IDI/KCCA, STAR E, STAR EC, STAR SW, Mildmay, PREFA, World Vision/SPEAR project and IRCU.	<ul style="list-style-type: none"> Adapted existing HC materials including posters, bill boards, flipcharts, radio and TV spots, talking points/guides for presenters and DJs, radio talk show outlines for MOH and USG IP guests, among others. Oriented 900 health workers, 1,850 VHTs, 400 religious leaders as well as 750 local leaders on eMTCT and provided with relevant community mobilization materials. Conducted mass media rollout on 50 radio stations countrywide. Which included; facilitating 20,000 DJ mentions and radio spots and 50 radio talk shows. 	<ul style="list-style-type: none"> eMTCT fact sheets, posters, bill boards, leaders handbooks and community mobilization guide. Five radio spots on eMTCT uptake, male involvement and ANC. 10 endorsements from prominent regional leaders. <p>Note: Baylor Uganda documented a 10% increase in ANC uptake, Health Centre deliveries and eMTCT enrollment between April and June 2014</p>
2	Condom Promotion	MOH, UAC, UNFPA, UHMG, PACE, Marie Stopes, STAR EC, STAR E, STAR SW, NUHITES, World Vision/SPEAR Project, Kalangala Comprehensive Public Health Services and MARPs Network Uganda.	<ul style="list-style-type: none"> Broadcast a total of 7,800 late night DJ mentions on 30 radio stations, three national TV stations and 200 community video dens/halls during the seasons of; Christmas and New Year Season (November 2013 – January 2014), Valentines Day Season (February 10 – March 10, 2014) and World Cup Season (June 01-July 30, 2014). Designed SMS messages on condom use and broadcast them to 400,000 subscribers. Developed two new condom promotion messages and shared them with USG IPs for continued use and broadcasting. 	<ul style="list-style-type: none"> 3 older TV spots on male and female condom use. 2 new TV spots on condom negotiation and initiation by female partners. 2 new radio spots on negotiation and initiation by female partners. <p>Note: CHC developed additional condom promotion TV spots that are scheduled to broadcast during the on-going World Cup season.</p>
3(a)	Safe Male Circumcision (SMC)	RHSP, STAR EC, STAR E, Baylor, MUWRP and World Vision/SPEAR Project.	<ul style="list-style-type: none"> Revised existing HC materials on SMC and disseminated to USG IPs for use in creating demand and counseling clients. Supported partners (Baylor, STAR-EC, STAR-E, STAR-SW and NUHITES to conduct media orientation sessions for journalists as agents in promoting SMC. 	<ul style="list-style-type: none"> SMC flip chart and posters. Radio talk show guides, community mobilization toolkit and leaders hand book. SMC communication strategy and community mobilization video.
3(b)	PREPEX Circumcision	MOH, MUWRP, RHSP, IDI (Kisenyi HC &	<ul style="list-style-type: none"> Reviewed and adapted PREPEX communication materials from Rwanda and other countries to Uganda context. 	<ul style="list-style-type: none"> National SMC Communication Strategy.

No.	Health Area	Partners	Technical assistance provided to partners:	Products
		IHK) and AMREF.	<ul style="list-style-type: none"> Set-up technical working group with BCC WG to develop a communication plan in line with the national SMC policy and communication strategy. CHC supported the national rollout of the PREPEX device 	<ul style="list-style-type: none"> PREPEX client Leaflets. PREPEX counseling flip chart. PREPEX Circumcision Fact Sheet.
4	HIV prevention in schools	RTI/Uganda Health & Education Program.	<ul style="list-style-type: none"> Held meetings with the IP. Reviewed existing materials on School Talking compound from Mango Tree. Currently working with IP to develop new messages/slogans for the School Talking Compound. 	<ul style="list-style-type: none"> Stickers and posters Slogans
5	Key Population support	MARPS Network Uganda, SHARRY and Spectrum (MSM groups)	<ul style="list-style-type: none"> Held meetings with the IPs. Reviewed communication materials from SHARRY and agreed on next steps to improve their efficacy. Conducted participatory materials development workshops with fisher folk and commercial sex (see details below). 	<ul style="list-style-type: none"> Poster and fact sheet from SHARRY that needs to be revised with KP participation. However, activities got interrupted post AHA developments that have made SHARRY and Spectrum hard to access.
6	Malaria LLIN	MOH, Stop Malaria Project (SMP) and Malaria Consortium.	<ul style="list-style-type: none"> Broadcast 50,000 radio DJ mentions and spots on 57 radio stations and in 17 languages. Produced and placed 10,000 sticker-posters in 17 languages, 48 bill boards to amplify the radio conversation and take it into print which audiences can visualize to help association and recall of the radio conversations. Supported the coverage and promotion of the Kampala-Wakiso LLIN mosquito net distribution exercise on 21 media houses that came to cover the event. 	<ul style="list-style-type: none"> DJ mentions (endorsements) in popular programs. Bill boards, road stars and street poles.
7	Malaria IRS	MOH, Abt Associates and CDFU.	<ul style="list-style-type: none"> Integrated existing IRS communication in 10 northern Uganda districts with messages on continued use of mosquito nets. 	<ul style="list-style-type: none"> IRS/ITN integrated fact sheet. Community mobilization guide, radio talk show guide and leader's fact sheet.
8	Tuberculosis	MOH, MSH/Track TB, URC/Sustain, IDI, NUHITES and STAR SW.	<ul style="list-style-type: none"> Held meetings with partners to review existing TB and TB/HIV materials. Revised TB counseling flip chart, poster on TB prevention and treatment as well as scripts for video aides. 	<ul style="list-style-type: none"> TB counseling flip chart, Poster, scripts for video aides for health center waiting areas.
9	Nutrition	SPRING, FANTA, Community	<ul style="list-style-type: none"> Facilitated materials development workshop for nutrition partners and DHT members from SW Uganda. 	<ul style="list-style-type: none"> Fact sheet on nutrition.

No.	Health Area	Partners	Technical assistance provided to partners:	Products
		Connector and OPM.	<ul style="list-style-type: none"> Reviewed and updated nutrition messages and products that are currently used by the above partners. 	<ul style="list-style-type: none"> Health education triggers videos. Community dialogue cards.
10	Family Planning	MOH, Marie Stopes, UHMG, RHU, UNFPA and DFID.	<ul style="list-style-type: none"> Revised and adapted Implanon poster for MOH. Held meetings with IPs to review existing FP communication materials and job aides. Advised on relevant materials that partners can reproduce and use in the short run. Initiated the process of developing news materials and tools to address partner's and audience needs. 	<ul style="list-style-type: none"> FP counseling flip chart FP <i>Implanon</i> poster Grain sack chart sets for community education Radio talk show guides and spots.
11	Strengthening Blood Transfusion Services	Uganda Blood Transfusion Service (UBTS).	<ul style="list-style-type: none"> Facilitated message development workshop with regional Blood Bank managers and staff. Developed key messages to support blood donation drives in the community and schools. 	<ul style="list-style-type: none"> Blood donation campaign slogan Fact sheet Posters and Mobilization guides.
12	Maternal and Child Health (MCH)	MOH, MSH/STRIDE S, NUHITES, IDI, PACE, Marie Stopes, Baylor, Stop Malaria Project (SMP),	<ul style="list-style-type: none"> Held meetings with SMGL partners and reviewed existing communication materials currently in use. Currently working with the above IPs to revitalize the SMGL communication TWG and develop new communication materials in line with SMGL priority indicators. 	<ul style="list-style-type: none"> SMGL posters and fact sheet. Community mobilization leaflets.

Appendix B: Table 2 - Advocacy and Dissemination Events

Event	Date/Period	Coverage/Venue	Event theme	CHC contribution	Key points for SBCC program/ research
eMTCT Advocacy Campaigns	Oct. 2013 – June 2014	Kampala, Tororo, West Nile, Karamoja	Community mobilization for active use and demand at household level for identification/treatment of all HIV-infected pregnant women	Publicity for the events. Materials and information booths at the events.	Maintain momentum for awareness creation, community mobilization.
SMC Media orientation workshops	August – September 2014	Eastern Uganda (with Baylor) Northern Uganda (with NUHITES)	Secure media support to advocate for SMC and dispel myths about SMC: loss of manhood, religious conversion, increased promiscuity, loss of work hours during healing period etc.	Content development and mobilization of media houses	Strategic partnerships and joint strategies for networking and leveraging resources at all levels.
LLINs universal distribution close-out Event -	August 16, 2014	Kampala	Mark end of LLINs universal coverage campaign and harness gains made in malaria prevention	Media coverage and Documentation of snapshot stories	Maintain momentum and scale up reach of messages on net use, care and repair.
National Conference on Family Planning – Kampala	July 28 -30, 2014	FP policy/ research/ program experiences generated country-wide	Accelerating social and economic transformation through universal access to voluntary family planning	Publicity for the event including mass media announcements via radio and newspapers.	Key SBCC gaps to address -Avail materials in local languages -IPC orientation and job aids for health workers is critical for integrated services, especially FP-eMTCT, FP-Child Welfare Clinic -SRH Life skills for adolescents, especially girls
KMCC knowledge event to share findings from a synthesis of program and research materials on fisher folk and HIV/AIDS	June 19, 2014	Fisher folk data across Uganda.	Dissemination of findings of data synthesis to harness opportunities for HIV/AIDS programming among fisher folk	Invited participant	Targeted SBCC to address feelings of fatalism and perceptions that HCT and safe sex would not make a difference in their lives -could die anytime on the lake -fisher folk reportedly all HIV positive -fears with knowing one's HIV status
World Malaria Day Commemoration (jointly with	April 25, 2014	Kasambya -Mubende	Invest in the Future; Treat Malaria (World Malaria Day)	Social mobilization radio talk shows	SBCC to maintain momentum.

Event	Date/ Period	Coverage/ Venue	Event theme	CHC contribution	Key points for SBCC program/ research
World Health Day)			Small Bite, Big Threat (Merged theme for World Malaria Day and World Health Day)	Public announcements on radio announcements DJ mentions IEC/ Publicity materials -USAID, MOH, CHC-branded <i>T-shirts with the theme "Small Bite, Big Threat, Sleep Under a Mosquito net."</i> - CHC brochures -Exhibition booth with materials	
National Nutrition Advocacy and Communications Strategy meetings	September 10, 2014	Office of the Prime Minister	To review and promote the National Nutrition Advocacy and Communications Strategy before the launch on December 5, 2014	Create awareness ahead of the launch of the strategy	Identify the programmatic and research goals. Align SBCC to contexts